

# GIC Health Plan Rates – Monthly Rates as of July 1, 2010

**For THE TOWN OF MILLIS ENROLLEES**



Commonwealth of Massachusetts  
Group Insurance Commission

**Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE**

*Includes 0.33% Administrative Fee*



HEALTH PLAN	TEACHER who Retired before July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.62	\$ 99.89	30%	\$124.87	\$299.68
Fallon Community Health Plan Select Care	10%	49.93	119.82	30%	149.78	359.47
Harvard Pilgrim Independence Plan	10%	60.50	147.78	30%	181.50	443.33
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.28	30%	144.05	351.85
Health New England	10%	41.54	102.97	30%	124.61	308.90
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	41.49	109.94	30%	124.46	329.83
Tufts Health Plan Navigator	10%	58.18	141.27	30%	174.54	423.80
Tufts Health Plan Spirit	10%	46.18	112.12	30%	138.53	336.35
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	10%	114.10	265.89	50%	421.84	984.59
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	76.94	179.68	50%	384.68	898.38
UniCare State Indemnity Plan/ Community Choice	10%	40.80	97.91	30%	122.39	293.73
UniCare State Indemnity Plan/PLUS	10%	56.28	134.32	30%	168.85	402.97

**Retirees and Survivors  
*WITH* MEDICARE**

HEALTH PLAN	TEACHER who Retired before July 1, 2008		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan*	10%	\$ 22.62	30%	\$ 67.87
Harvard Pilgrim Medicare Enhance	10%	37.95	50%	189.73
Health New England MedPlus	10%	36.34	30%	109.01
Tufts Health Plan Medicare Complement	10%	35.19	30%	105.57
Tufts Health Plan Medicare Preferred*	10%	22.32	30%	66.97
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	10%	45.94	50%	186.97
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	35.26	50%	176.29

\* Rates are subject to federal approval and may change January 1, 2011.

**Rates are Calculated by the Town of Millis Benefits Office.**

**Rate questions? Call: 1.508.376.7040**